

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-4645.M5

MDR Tracking Number: M5-04-0974-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on December 3, 2003

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic exercises and office visits from 04-25-03 through 07-15-03 and joint mobilization, myofascial release, physical performance test and manual traction from 04-25-03 through 06-04-03 were found to be medically necessary. The joint mobilization, myofascial release, physical performance test and manual traction were found not medically necessary from 06-09-03 through 07-15-03. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 9th day of March 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 04-25-03 through 07-15-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 9th day of March 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter
Note: Decision

February 19, 2004

MDR Tracking #: M5-04-0974-01
IRO Certificate #: IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. ____'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury to his right upper extremity on ____ when a freezer door slammed into him. He saw a chiropractor and was diagnosed with bursitis, paresthesia, and muscle spasm of the right arm. He underwent a course of physical therapy, anti-inflammatory medication, and a wrist splint. With persistent paresthesia, electrodiagnostic testing was performed on 05/01/03, revealing bilateral carpal tunnel syndrome (CTS). The patient had surgery on 07/17/03 for CTS release on the right followed by post operative therapy.

Requested Service(s)

Therapeutic exercises, office visits, joint mobilization, myofascial release, physical performance test, and manual traction from 04/25/03 through 07/15/03

Decision

It is determined that the therapeutic exercises and office visits from 04/25/03 through 07/15/03, and the joint mobilization, myofascial release, physical performance test, and manual traction from 04/25/03 through 06/04/03 were medically necessary to treat this patient's condition. However, the joint mobilization, myofascial release, and manual traction from 06/09/03 through 07/15/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient's treatment applications consisted of conservative passive therapy with a progression into active therapy. Referrals for medication and additional diagnostic testing were made. A wrist splint was provided. The therapy provided limited results evidenced by the fact the patient underwent open carpal tunnel release of the right wrist on 07/17/03.

Chiropractic guidelines allow for this type of treatment for this type of injury. However, the intensity and frequency was outside the normal accepted ranges. Passive therapy for two to four weeks with a progression into active therapy is the standard of care. This medical record shows continuance of passive therapy extending well beyond what is reasonable for this type of injury.

There is, however, sufficient documentation to warrant additional passive care for up to two months in conjunction with active therapy. In addition, guidelines allow for a month of active therapy along with office visits. The records reviewed do not provide sufficient documentation to warrant the same or similar services to be continued on this patient after three months of treatment. Therefore, it is determined that the therapeutic exercises and office visits from 04/25/03 through 07/15/03, and the joint mobilization, myofascial release, and manual traction from 04/25/03 through 06/04/03 were medically necessary to treat this patient's condition. However, the joint mobilization, myofascial release, and manual traction from 06/09/03 through 07/15/03 were not medically necessary.

Sincerely,